May 24, 2017

SUBJECT: **GN Docket No 16-46** – Request for Comment on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies

Chairman Ajit Pai
Commissioner Mignon Clyburn
Commissioner Michael O'Rielly
Federal Communications Commission
445 12th Street, SW Washington, DC 20554

Dear Chairman Pai and FCC Commissioners:

The National Organization of State Offices of Rural Health (NOSORH) appreciates the opportunity to respond to the FCC's "Request for Comment on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies" - GN Docket 16-46. NOSORH offers these comments and recommendations to enable the adoption and accessibility of broadband-enabled health care solutions, especially in rural and underserved areas of the country.

The National Organization of State Offices of Rural Health (NOSORH) is the membership organization of the fifty State Offices of Rural Health around the nation. State Offices of Rural Health are dedicated to coordinating, disseminating information and providing technical assistance to rural communities and providers. In order to ensure access to care, quality improvement and coordinated care efforts rural communities and providers must have access to adequate bandwith. The following comments and issues are for consideration of the issue in a broad context.

Overview: The 2010 National Broadband Plan defined the broadband bandwidth requirements for certain health care provider functions. From these requirements NOSORH has derived three distinct bandwidth requirement tiers needed by rural healthcare providers:

- 25 Mbps Download/3Mbps Upload: Permitting, for smaller practices, electronic health record (HER) transmission, basic still image transmission and good resolution teleconsultation at acceptable speeds;
- 50 Mbps Download/10 Mbps Upload: Allowing, in larger, multi-provider practices, the previous functions to be conducted with several concurrent users; and
- 100 Mbps Download/Upload: Permitting the highest quality image transfers, teleconsultations and telemetry connections and allowing the previously discussed functions to be conducted quicker, with more concurrent sessions.

An open question is the degree to which these bandwidth capacities are available to rural health care providers. An examination of the Connect2Health Broadband Health in America maps suggests that significant numbers of rural/frontier health care providers reside in areas where broadband networks are inadequate to meet requirements. Screen captures of the maps – attached to the end of these comments - show that many counties, shaded yellow, have less that the minimum 25Mbps download capacity recommended in NOSORH's analysis. In addition, a significant number of counties, shaded light green, fail to meet the second tier, 50 Mbps download capacity suggested. NOSORH is particularly concerned with improving broadband access to health care providers in rural and frontier communities where these first two tiers of broadband capacity cannot be met. Failure to develop adequate, affordable broadband capacity in these areas will lead to a widening gap between rural/frontier areas and urban areas in the ability to meet health service needs of local residents.

NOSORH is also concerned with the specific needs of health safety net providers in rural and frontier areas. These providers include Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Critical Access Hospitals (CAHs), Sole Community Hospitals (SCHs), Disproportionate Share Hospitals (DSHs), Public Health offices, Indian Health Service facilities and tribal facilities. Health safety providers are the health service lifeline for many rural/frontier residents and require adequate broadband capacity in order to function well in the developing health care environment. There has been no recent assessment of the broadband capacity available to rural/frontier health safety providers, but many of these providers are in counties with the lowest broadband capacity as reflected in Connect2Health maps.

Recommendations: NOSORH believes that the FCC can help reduce the broadband gap faced by health care providers in rural/frontier communities. NOSORH recommends the following:
- The FCC should give the highest preference/priority in FCC programs to rural/frontier health care providers in locations with the lowest broadband capacity. This should be done for all appropriate FCC programs including the Rural Health Care Program. This will assure that health care providers
- The FCC should give additional preference/priority in FCC programs to health safety net providers in rural/frontier communities.
- The FCC should create new programs designed specifically to meet the needs of health care providers in locations with the least
- The FCC should assure that financial support for rural/frontier health safety net providers is maximized and that any financial support for health care providers in urban locations in non-underserved areas does not reduce program capacity to meet priority needs in rural/frontier areas.

NOSORH also believes that it is important to have a clear picture of the extent of affordable broadband availability to health care providers in rural/frontier communities. NOSORH further recommends that the FCC conduct a survey of health care providers in these communities. This effort could be conducted fairly rapidly with the help of national and state level health provider partners including NOSORH, the National Association of Rural Health Clinics, the National Association of Community Health Centers, the National Rural Health Association and the American Hospital Association. The results such a survey would help

inform FCC decisions to accelerate the adoption and accessibility of broadband-enabled health care solutions in rural/frontier communities.
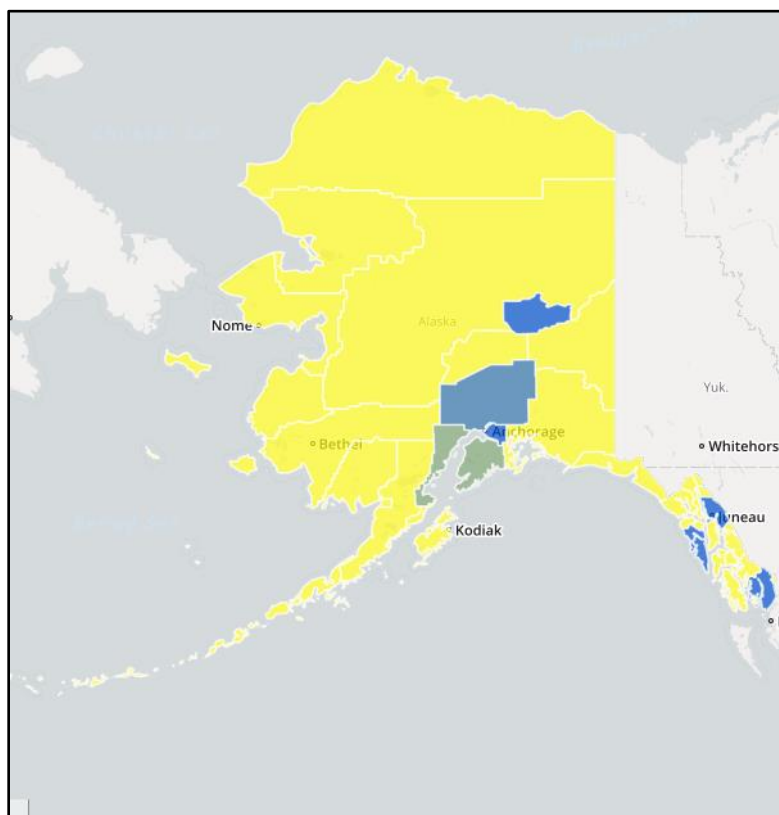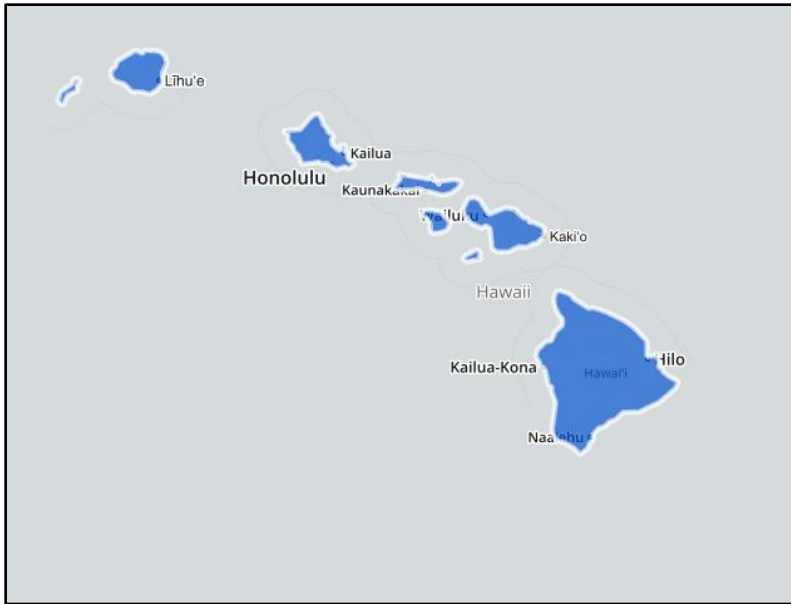

Sincerely,

Teryl Eisinger
Executive Director
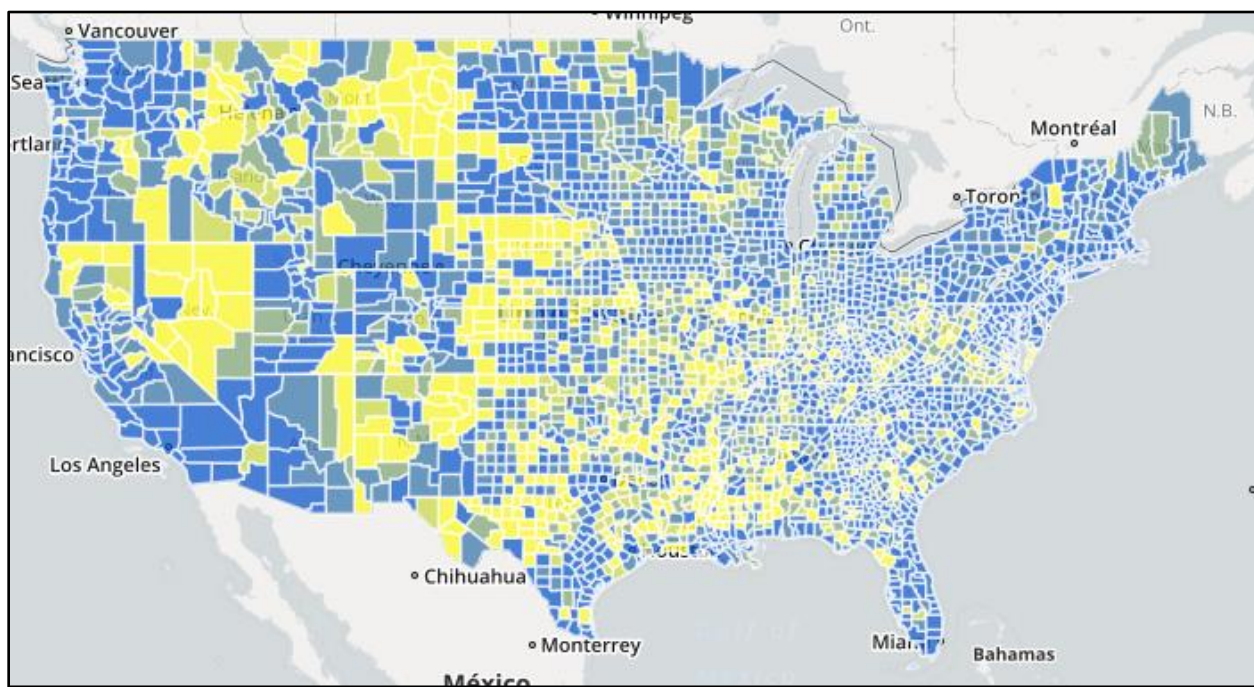
Broadband Availability in US Counties – Lower 48 States

Broadband Availability in Alaska

Broadband Availability in Hawaii